



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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National Provider Identifier Bulletin

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National Provider Identifier Contingency Plan

On April 2, 2007, the Centers for Medicare and Medicaid Services (CMS) announced it is implementing a contingency plan for covered entities (other than small health plans) who will not meet the May 23, 2007 deadline for compliance with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CMS made the decision to announce this contingency plan guidance on its enforcement approach after it became apparent that many covered entities will not be able to fully comply with the NPI standard by May 23, 2007. This guidance will protect covered entities from enforcement action if they continue to act in good faith to come into compliance, and they develop and implement contingency plans to enable them and their trading partners to continue to move toward compliance.

The critical aspect of implementing the NPI is the ability for covered entities to match a provider's NPI with the many legacy provider identifiers that have been used to process health care transactions. CMS encourages health plans to assess the readiness of their provider communities to determine the need to implement contingency plans to maintain the smooth flow of payments while continuing to work toward NPI compliance. Likewise, Missouri Medicaid encourages health care providers that have not yet obtained NPIs to do so immediately and share the NPIs with all trading partners (Missouri Medicaid, Medicare, insurance companies and other health care providers) as soon as possible.

Missouri Medicaid has not received NPIs from enough enrolled, active providers to justify implementing the full use of NPIs as planned on May 21, 2007. Therefore, Missouri Medicaid has made the decision to extend Stage II of our current NPI transition plan, as described in our NPI Transition Plan Bulletin, Vol. 28, No. 50, dated May 18, 2006.

http://www.dss.mo.gov/dms/providers/pdf/bulletin28-50_2006may18.pdf

Below are Missouri Medicaid's guidelines for the appropriate uses of provider identifiers on the noted claim formats during the extended Stage II NPI transition period:

- X12 837 Professional, Institutional and Dental Electronic Claims – will accept either the legacy Medicaid provider number, the NPI or both the legacy Medicaid provider number and the NPI, as long as the correct NPI has been furnished to Missouri Medicaid to perform the crosswalk to the legacy Medicaid provider number.
- X12 837 Professional, Institutional and Dental Electronic Crossover Claims (from the Medicare contractor) – will accept either the legacy Medicaid provider number, the legacy Medicare provider number, the NPI or any combination of these three identifiers. The hierarchy for performing a match with the Missouri Medicaid Provider Master File is:
 1. Legacy Medicaid provider number
 2. Legacy Medicare provider number
 3. NPI
- Claims Submitted on the Medicaid Billing Web site at www.emomed.com – will require the continued use of the legacy Medicaid provider number until Stage III is implemented.
- National Council for Prescription Drug Plans (NCPDP) Claims – **to be implemented in the near future**, will accept either the legacy Medicaid provider number or the NPI for the billing provider, and either the legacy Medicaid provider number, the NPI or the DEA number for the prescribing provider. (The NCPDP layout does not allow for submission of more than one provider identifier.)
- Paper UB-92 form and HCFA-1500 Claim Form - will require the continued use of the legacy Medicaid provider number.
- Paper UB-04 form and CMS 1500 Health Care Insurance Claim Form – **to be implemented in the near future**, will accept either the legacy Medicaid provider number, the NPI, or both the legacy Medicaid provider number and the NPI, as long as the correct NPI has been furnished to Missouri Medicaid.

Missouri Medicaid will release information on plans to implement the full use of NPIs in the near future.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896